

## APPLICATION FOR RENEWAL OF INITIAL ADMINISTRATOR LICENSE

Revised 10/07

INSTRUCTIONS: (Please allow up to four weeks processing. Incomplete applications may be returned.)

Form #1

STRUCTIONS. (Flease allow t	ip to lour weeks processing. Incom	ilpiete applications may be returned	i.) Form #1
Attach a copy of a certi- within the last five years		hild and dependent adult abuse re	porter training completed
The application packet reporter certification, ar		tion, \$85 processing fee, child and	dependent adult abuse
Educational Examiners	check or money order (made paya , Licensure, Grimes State Office B photocopy of official legal docume	able to Board of Educational Exam Building, 400 E. 14 <sup>th</sup> St., Des Moine Entation.	iners) to the Board of es, IA 50319-0147.
GENERAL INFORMATION			
Applicant's Folder #	Social Security #	Date of Birth Month Day Year	☐ Male ☐ Female
Last Name	First Name	Middle Name	Maiden Name
Address	City	State	Zip Code
Home Phone	Work Phone	Email Address	
( )	( )		
ackground Information:		<u>'</u>	
O NOT explain on this appli	ch a written explanation on 8 1/2" a cation form. *If you have reported this application, if no further convi	x 11" paper. Be sure to include the a "Yes" response on a previous ap ction(s) has occurred.	date of the violation. oplication, check "PR" (previousl
	you ever been convicted of a felor you ever been convicted of a crim (NOTE: Include all deferred jud	e other than parking or speeding v	riolations?
. Yes No PR Have . Yes No PR Have	u currently have any criminal char you ever had a founded report of o you ever had an educational licen	ges pending against you? child abuse made against you? se denied, revoked, or suspended	?
Yes No Are yo	ou a United States citizen? If you a	answered ind, check if you are:	

a qualified alien (as defined in 8 U.S.C.A. § 1641). If so, please provide appropriate

an alien who is paroled into the United States under 8 U.S.C.A. § 1182(d)(5) for less

other – Please provide a detailed explanation on a separate 8 ½ x 11 sheet of paper

than one year. If so, please provide appropriate documentation. 

a foreign national not physically present in the United States.

documentation.

Please verify:				
☐I verify that I am not currently serving as an administrator				
OR				
☐ I verify that I have not yet completed one full year of administrative experience (or two years in a nonpublic school setting).				
Statement of Fraud:				
An application will be considered fraudulent, and may be denied, if it contains any false representation or omission of material fact, or if false records are submitted in support of the application.				
I certify under penalty of perjury and pursuant to the laws of the state of lowa that the preceding information is true and correct.				
Signature of Applicant	Date			